

# Indiana Family and Social Services Administration

## Division of Mental Health and Addiction

### *Habilitation Services Provider Certification- Agency Form*

Name of Agency: \_\_\_\_\_ Date: \_\_\_\_\_

Name of person completing form: \_\_\_\_\_

Email/Phone Number of person completing form: \_\_\_\_\_

All agencies must attach copy of at least one of the following:

- ☐ Certification by the Division of Mental Health and Addiction (DMHA) as a Community Mental Health Center
- ☐ Approved accreditation by a nationally recognized accrediting body: AAAHC, COA, URAC, CARF, ACAC, JCAHO, OR NCQA
- ☐ Articles of Incorporation

All provider agencies must maintain documentation that all other standards are met for the individuals providing the service, and have records available for DMHA to complete audits;

1. At least 21 years of age;
2. High school diploma or equivalent;
3. Resume including three years paid, volunteer, or personal experience with children with SED/youth with serious MI;
4. System of Care Training;
5. Participation on Child and Family Teams Training;
6. DMHA Waiver Provider Training;
7. Indiana State Police criminal background check;
8. Indiana Department of Child Services child abuse registry screen;
9. 5-panel Drug Screen.

Please submit this form and copies of required documentation to the CA-PRTF Team at DMHA. DMHA is responsible for verifying an agency meets the above qualifications initially and at renewal of license or accreditation.

\*Agencies without an approved accreditation must complete the individual form and submit to DMHA for approval on all individuals that will provide the service.

# Indiana Family and Social Services Administration

## Division of Mental Health and Addiction

### *Habilitation Services Provider Certification- Individual Form*

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Please attach the following documentation:

- ☐ Copy of picture identification card to verify at least 21 years of age (Picture of person on card must be recognizable.)
- ☐ Copy of High school diploma or equivalent
- ☐ Resume
- ☐ Explanation of three years paid or personal experience with children with SED/youth with serious mental illness (This must be typed and in paragraph form.)
- ☐ Certification from training on System of Care
- ☐ Certification from training on Participation on Child and Family Teams
- ☐ Certification from DMHA Waiver Provider Training
- ☐ Copy of State and local criminal background screens (This must be dated within one year.)
- ☐ Copy of Child Protective Services registry screen (This must be dated within one year.)
- ☐ Copy of Drug screen (This must be a 5 panel test.)

Please submit this form and copies of required documentation to the CA-PRTF Team at DMHA. DMHA is responsible for verifying an individual meets the above qualifications initially and at renewal of license or accreditation.